Substitute for form 1449/PTO (Revised 07/2005)  INFORMATION DISCLOSURE					Application Number Filing Date First Named Inventor			Complete if Known 1552855  TO BE ASSIGNED 552855  Concurrently Herewith  August 2824			
STATEMENT BY APPLICANT (Use as many sheets as necessary)					Group Art Unit  Examiner Name			M. Lulis			
Sheet 1 of 1					Attorney Docket Number 033339/30061			610			
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	6	EP	1 164 108 A	4 108 A 12/19/2001		Too	Toda Kogyo Corp.				YES
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Examiner Signature			/Michael Lulis/					Date Considered		06/22/2008	

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /ML/

<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.